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PTO/SB/50 (02-01)
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REISSUE PATENT APPLICATION TRANSMITTAL


Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	UISD:533USR1
	First Named Inventor	Phillip D. Purdy
	Original Patent Number	5,925,062
	Original Patent Issue Date (Month/Day/Year)	7-20-99
	Express Mail Label No.	EL 564338925US

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	<input type="checkbox"/> Ribbioned Original Patent Grant
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	<input type="checkbox"/> Statement of Loss (PTO/SB/55)
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
6. <input checked="" type="checkbox"/> Power of Attorney	13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
7. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	15. <input checked="" type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. Other:
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)
a. <input type="checkbox"/> Computer Readable Form (CFR)
b. Specification Sequence Listing on:	
i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or	
ii. <input type="checkbox"/> paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label  or <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)			
Name	Mark T. Garrett		
Address	FULBRIGHT & JAWORSKI LLP		
	600 Congress Ave., Ste. 2400	Zip Code	78701
City	Austin	State	TX
		Fax	(512) 536-4598
Country	U.S.A.	Telephone	(512) 474-5201


NAME (Print/Type)	Mark T. Garrett	Registration No. (Attorney/Agent)	44,699
Signature		Date	7/19/01

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional)		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 21	Total Claims (37 CFR 1.16(j))	(B) 41	**** 20 =	x \$	=	or	x \$18 = 360.00	
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 7	* 4 =	x \$	=		80 x \$ = 320.00	
Basic Fee (37 CFR 1.16(h)) \$							\$710.00	
Total Filing Fee \$						OR	\$1,390.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$	=	x \$	=
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$	=	x \$	=
Total Additional Fee \$						OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-1212/10017629/MTG</u> A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,390.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>7/19/01</u> Date</p> </div> <div style="width: 50%; text-align: center;">  Signature of Applicant, Attorney or Agent of Record <u>Mark T. Garrett; Reg. No. 44,699</u> Typed or printed name </div> </div>								

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Phillip D. Purdy

Serial No.: Unknown

Filed: Unknown

For: INTRAVASCULAR DEVICE

Group Art Unit: Unknown

Examiner: Unknown

Atty. Dkt. No.: UTSD:533USR1/MTG

EXPRESS MAIL MAILING LABEL
NUMBER EL 564338925 US
DATE OF DEPOSIT July 19, 2001

STATEMENT OF STATUS OF CLAIMS PURSUANT TO 37 C.F.R. § 1.173(c)

Commissioner for Patents
Washington, D.C. 20231

Sir:

The active claims in this case are claims 1 – 21, as issued in U.S. Patent No. 5,925,062, granted on July 20, 1999. Claims 22-41 are added by virtue of the preliminary amendment filed herewith. Support for the added claims appears throughout the specification of the patent, including the figures, and in the claims originally filed.

Respectfully submitted,



Mark T. Garrett

Reg. No. 44,699

Attorney for Applicant

FULBRIGHT & JAWORSKI
600 Congress Avenue, Suite 2400
Austin, Texas 78701
Telephone: (512) 536-3031
Facsimile: (512) 536-4598
Date: July 19, 2001